

SOLICITATION APPLICATION INFORMATION SHEET

- The purpose of the Solicitation Permit is to raise funds for a **non-profit**, charitable purpose from the general public. Proof of non-profit status granted by the State Dept. of Revenue or from the Internal Revenue Service must be provided.
 - This permit does **not** apply to the following: organizations raising funds amongst their members, school bands trying to raise money for trips, churches raising funds amongst their congregations, etc.
 - No fundraising may begin until your permit is issued!
 - If your method of fundraising is conducting a **lottery or raffle**, please note the following:
 - Prize is merchandise & raising less than \$5,000, apply for the Solicitation permit. **This is the correct form.**
 - Prize is merchandise & raising more than \$5,000, must apply for a **Raffle** permit. This takes a minimum of 2 weeks to get approved. **If this is what you are doing, this is the wrong form.**
 - Prize is cash & raising less than \$1,000, apply for the Solicitation Permit. **This is the correct form.**
 - Prize is cash & raising more than \$1,000, must apply for a **Lottery** Permit. This takes a minimum of 2 weeks to get approved. **If this is what you are doing, this is the wrong form.**
- Note:** If a combination of **cash & gift certificates/merchandise** are prizes, the cash takes precedent & you would need the **Lottery** Permit.
- Each question must be answered completely **or** your application will be returned as **incomplete!**
 - The granting of this Solicitation Permit shall in no way be used as an endorsement by the City of Lincoln for any product sold, nor for the integrity of the organization nor the individuals making the solicitation for the organization.
 - Within 60-days after the completion of any solicitation campaign, the permit holder **must** submit a Financial Report to the City Clerk, a sworn statement containing a detailed, itemized, notarized statement (form provided) showing the gross amount raised by such solicitation, the wages, fees, commission, & expenses paid to anyone in connection with such solicitation and the disposition of the balance of said funds. *Exception: In the case of any organization granted an **ANNUAL PERMIT**, then said report shall be filed at the end of the Fiscal Year of said organization.* **Failure to file such report will be considered a violation of Section 2.49.060 of the Lincoln Municipal Code.**
 - All solicitors may be required to carry a facsimile of the solicitation permit by the City Clerk.
 - Per Section 5.18.040 of the Lincoln Municipal Code - a minimum of **14 DAYS** is required for the City Clerk to review & make a recommendation on all solicitation applications. **Note: In the event a Paid Promoter is involved, more time may be required.**

SOLICITATION APPLICATION

LMC Chapter 5.18

FEES: 90 Day Permit: \$10.00; Annual: \$20.00

(Only organizations headquartered in Lincoln, Nebraska may obtain an Annual Permit)

FILE 14 DAYS PRIOR TO START DATE

RETURN TO:

City Clerk's Office, 555 S. 10th St., Lincoln NE 68508

*Each question must be completely answered OR your application will be returned as **incomplete!***

NO FUNDRAISING MAY BEGIN UNTIL PERMIT IS ISSUED!

Please PRINT using blue or black ink only.

Please Check One: _____ 90 DAY **or** _____ ANNUAL

Date solicitations will be made (*permits cannot be issued RETROACTIVELY*):

From: _____
(Month, Day, Year)

To: _____
(Month, Day, Year)

ORGANIZATION - HEADQUARTERS INFORMATION (IF APPLICABLE)					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
CONTACT PERSON:		PHONE #:		FAX #:	
LOCATION OF LEGAL ESTABLISHMENT:					
DATE OF LEGAL ESTABLISHMENT:					
FORM OF ORGANIZATION OF APPLICANT (for example: 501(c)(3), etc.):*					

***Attach proof of tax exempt Status from Nebraska Dept. of Revenue or IRS**

ORGANIZATION - LOCAL INFORMATION (IF APPLICABLE)					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
CONTACT PERSON:		PHONE #:		FAX #:	
LOCATION OF LEGAL ESTABLISHMENT:					
DATE OF LEGAL ESTABLISHMENT:					
FORM OF ORGANIZATION OF APPLICANT (for example: 501(c)(3), etc.):*					

APPLICANT (IF NOT AN ORGANIZATION)					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
CONTACT PERSON:		PHONE #:		FAX #:	

Purpose of Organization: _____

Name(s) under which the applicant has solicited or intends or does solicit contributions: _____

If applicant does not maintain an office **in the State of Nebraska**, please give the name, address & telephone number of the person having custody of the financial records of the applicant below:

PERSON HAVING CUSTODY OF THE FINANCIAL RECORDS					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:		FAX #:			

OFFICERS OF ORGANIZATION						
	NAME	ADDRESS	CITY	STATE	ZIP	PHONE #
PRESIDENT						
VICE-PRES.						
SECRETARY						
TREASURER						

NAME & ADDRESS OF PRINCIPAL SALARIED EXECUTIVE STAFF OFFICER(S)				
NAME	STREET	CITY	STATE	ZIP

PERSON IN DIRECT CHARGE OF CONDUCTING THIS SOLICITATION					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:		FAX #:			

PERSON WHO SHALL HAVE FINAL RESPONSIBILITY FOR CUSTODY OF CONTRIBUTIONS RECEIVED					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:		FAX #:			

PERSON RESPONSIBLE FOR FINAL DISTRIBUTION OF CONTRIBUTIONS					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:		FAX #:			

Is the Applicant, or has the Applicant been in the past, authorized or licensed by, or registered with, any other governmental authority for the purpose of soliciting contributions?

____ YES ____ NO If **YES**, list all such authorizations, licensures, or registrations:

Has any such authorization, license, or registration ever been revoked, suspended, or withdrawn?

____ YES ____ NO If **YES**, explain: _____

Is the applicant, or any of its chapters, branches, or affiliates, currently, or in the past ever been enjoined by any court from soliciting contributions: ____ YES ____ NO

If **YES**, explain: _____

Purpose & intended use or disposition of any receipts of this solicitation (**be specific**):

Describe **IN DETAIL** how money will be raised (for example: door-to-door contact, product to be sold, give name of event, if applicable; is it an auction, raffle, etc.): _____

Estimated total dollar amount of funds to be raised during this solicitation: _____

Projected schedule of wages, fees, commissions, expenses, or emoluments to be expended or paid to anyone in connection with such solicitation: _____

To whom will these be paid: _____

Amount of wages, fees, commission, expenses, etc. to be expended or paid to anyone in connection with this solicitation(including paid promoter fees): _____

Explain, **IN DETAIL**, the character & extent of charitable, religious, or educational work being done by applicant organization within the city of Lincoln: _____

Estimated percentage of the costs of solicitation & disbursement with the projected collections:

Name & address of any officer, director, trustee, partner, or any current agent or employee engaging in solicitation of funds who has been convicted of a felony or of a misdemeanor involving moral turpitude within the past five years, nature of the offense, location where such conviction occurred & the year of such conviction:

NAME	ADDRESS	NATURE OF OFFENSE	LOCATION OF CONVICTION (City & State)	YEAR OF CONVICTION

Has the applicant or any officer, director, trustee, partner, or any current agent or employee engaged in solicitation of funds, been engaged in any solicitation or transaction or enterprise found to be fraudulent in either a civil or criminal action? _____ YES _____ NO

If **YES**, please explain: _____

PAID PROMOTER INFORMATION

Do you intend to hire a paid promoter to assist with conducting this solicitation:
_____ YES _____ NO If **YES**, please provide the following information:

PAID PROMOTER INFORMATION*				
NAME:				
ADDRESS:				
CITY:		STATE:		
ZIP:		PHONE#:		FAX#:
AMT. TO BE PAID TO PROMOTER FOR SERVICES RENDERED:				

* Please Note: The Paid Promoter **must** complete a separate application to be filed with the City Clerk & must comply with all applicable sections of Chapter 5.18 of the Lincoln Municipal Code prior to Solicitation Permit being issued.

RAFFLE/LOTTERY INFORMATION

If your method of fundraising is conducting a raffle or lottery, please provide the following information:

Please Check One: _____ Raffle _____ Lottery # of Tickets to be sold: _____

Ticket Purchase Price: _____ Describe, **IN DETAIL**, prize(s) to be given: _____

By signing this application, the applicant hereby states that all the information contained herein is true & correct & further states that the granting of a permit shall in **no way** be used or represented in any way as an endorsement by the City of Lincoln.

Must be signed, with proper Identification, in front of a Notary Public.

Dated this _____ Day of _____, 20____.

Status in the Organization

Signature of Applicant

NOTARY PUBLIC

COUNTY OF _____ STATE OF _____

Subscribed & sworn to as being a true statement, before me, a Notary Public, this _____ day
of _____, 20_____.

Notary Public

Applications are available on the City's web site at "www.lincoln.ne.gov".

FINANCIAL REPORT

A soliciting organization or individual (**the non-profit group not the Paid Promoter**) is required by Lincoln Municipal Code Sec. 5.18.050 to provide a Financial Statement **no later than 60 Days after the conclusion of the fundraiser** which shall show the total amount raised in Lincoln, Nebraska, the cost to raise such funds, the remaining net proceeds & how said proceeds are to be used. **The report must be signed before a Notary Public, with proper I.D.**

NON-PROFIT ORGANIZATION NAME: _____

CAMPAIGN/PROJ. NAME IF DIFFERENT FROM ABOVE: _____

DATE SOLICITATION MADE: FROM: _____ TO: _____

INCOME:

Contributions: \$ _____
Merchandise Sales: _____
Ticket Sales: _____
Advertising: _____
Membership Fees: _____
Investments: _____
Bequests & Wills: _____
Other: _____

TOTAL INCOME: \$ _____

EXPENSES::

Program Services and/or supplies: \$ _____
Administration (printing, telephone, mailing, etc.) \$ _____
Fundraising (Promoter's Fee, if applicable) \$ _____

TOTAL EXPENSES: \$ _____

NET INCOME OR LOSS: \$ _____

EXPLANATION OF HOW FUNDS RAISED ARE TO BE USED OR HAVE BEEN USED, AFTER EXPENSES HAVE BEEN MET: _____

Signature of Individual from Non-Profit
Group Providing Information

Printed Name

Capacity in Organization

Subscribed & sworn to as being a true statement, before me, a Notary Public, in and for the State of _____, this _____ day of _____, _____.

Notary Public